

Fill in this information to identify the case:

Debtor name ALL PHASE CARE, INC.

United States Bankruptcy Court for the: NORTHERN District of CA  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

**Column 1: Codebtor**

**Column 2: Creditor**

| Name | Mailing address               | Name | Check all schedules that apply:  |
|------|-------------------------------|------|--|
| 2.1  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.2  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.3  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.4  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.5  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.6  | Street<br>City State ZIP Code |      | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |

Fill in this information to identify the case and this filing:

Debtor Name ALL PHASE CARE, INC.  
United States Bankruptcy Court for the: NORTHERN District of CA  
(State)  
Case number (if known): \_\_\_\_\_

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206--Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Official Form 202 and Disclosure of Compensation of Attorney for Debtor

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 21, 2017  
MM / DD / YYYY

  
Signature of individual signing on behalf of debtor

Edith G. Calanno  
Printed name

President and Member of Board of Directors  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name ALL PHASE CARE, INC.  
United States Bankruptcy Court for the: NORTHERN District of CA  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 01/01/17 to \_\_\_\_\_  
MM / DD / YYYY Filing date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

For prior year: From 1/1/16 to 12/31/16  
MM / DD / YYYY MM / DD / YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

For the year before that: From 1/1/15 to 12/31/15  
MM / DD / YYYY MM / DD / YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY Filing date

\$ \_\_\_\_\_

For prior year: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\$ \_\_\_\_\_

For the year before that: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\$ \_\_\_\_\_

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

| Creditor's name and address  | Dates | Total amount or value | Reasons for payment or transfer<br>Check all that apply   |
|--|-------|-----------------------|---|
| 3.1.<br>Creditor's name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | _____ | \$ _____              | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other _____ |
| 3.2.<br>Creditor's name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | _____ | \$ _____              | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other _____ |

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

| Insider's name and address  | Dates | Total amount or value | Reasons for payment or transfer |
|---|-------|-----------------------|---------------------------------|
| 4.1.<br>Insider's name _____<br>Street _____<br>City _____ State _____ ZIP Code _____<br><br>Relationship to debtor _____ | _____ | \$ _____              | _____                           |
| 4.2.<br>Insider's name _____<br>Street _____<br>City _____ State _____ ZIP Code _____<br><br>Relationship to debtor _____ | _____ | \$ _____              | _____                           |

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Description of the property | Date     | Value of property |
|-----------------------------|-----------------------------|----------|-------------------|
| 5.1.                        |                             |          |                   |
| Creditor's name             |                             |          | \$                |
| Street                      |                             |          |                   |
| City                        | State                       | ZIP Code |                   |
| 5.2.                        |                             |          |                   |
| Creditor's name             |                             |          | \$                |
| Street                      |                             |          |                   |
| City                        | State                       | ZIP Code |                   |

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
| Creditor's name             |   |                       | \$     |
| Street                      |   |                       |        |
| City                        | State                                   | ZIP Code              |        |

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

| Case title                                   | Nature of case        | Court or agency's name and address                                    | Status of case   |
|--|-----------------------|---|--|
| 7.1. Trinidad Amparo v. All Phase Care, Inc. | Wages                 | Labor Commissioner,<br>100 Paseo de San Antonio<br>San Jose, CA 95113 | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number                                  | State No. 12-96207 FD | City  | State  |
| 16CV299870 court number                      |                       | ZIP Code  |  |
| Superior Court Santa Clara Co.               |                       |   |  |
| 7.2. Nelia Grayblas v. All Phase Care, Inc.  |                       | Labor Commissioner,<br>100 Paseo de San Antonio<br>San Jose, CA 95113 | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number                                  | state Case 12-96615   | City  | State  |
|  |                       | ZIP Code  |  |

Debtor

All Phase Care, Inc.

Name

Case number (if known)

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

Custodian's name

\$

Case title

Court name and address

Street

Name

City

State

ZIP Code

Case number

Street

Date of order or assignment

City

State

ZIP Code

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1.

Recipient's name

\$

Street

City

State

ZIP Code

Recipient's relationship to debtor

9.2.

Recipient's name

\$

Street

City

State

ZIP Code

Recipient's relationship to debtor

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).

\$

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

|       |   |   |                                |  |
|-------|---|---|--------------------------------|--|
| 11.1. | <b>Who was paid or who received the transfer?</b><br><u>Frank E. Mayo</u>   | <b>If not money, describe any property transferred</b><br>_____ | <b>Dates</b><br><u>6/14/17</u> | <b>Total amount or value</b><br><u>5,000.00</u><br>\$ _____  |
|       | <b>Address</b><br><u>4962 El Camino Real, 104</u><br><small>Street</small><br><u>Los Altos, CA 94022</u><br><small>City State ZIP Code</small>  |   |                                |  |
|       | <b>Email or website address</b><br><u>fmayolaw@aol.com</u>  |   |                                |  |
|       | <b>Who made the payment, if not debtor?</b><br><u>the Debtor</u>  |   |                                |  |
|       |   |   |                                |  |
| 11.2. | <b>Who was paid or who received the transfer?</b><br><u>Nelia Grayblas</u><br><u>c/o Nina Shah, Esq.</u>  | <b>If not money, describe any property transferred</b><br>_____ | <b>Dates</b><br><u>01/2017</u> | <b>Total amount or value</b><br><u>25,000.00</u><br>\$ _____ |
|       | <b>Address</b><br><u>Golden Gate University School of Law</u><br><small>Street</small> <u>536 Mission St.</u><br><u>San Francisco, CA 94105</u><br><small>City State ZIP Code</small> |   |                                |  |
|       | <b>Email or website address</b><br><u>www.ggu.edu/law/werc</u>  |   |                                |  |
|       | <b>Who made the payment, if not debtor?</b><br><u>debtor</u>  |   |                                |  |

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

|                         |                                   |                           |                       |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
| _____                   | _____                             | _____                     | \$ _____              |
| Trustee                 | _____                             |                           |                       |
| _____                   |                                   |                           |                       |

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

|       | Who received transfer?        | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-------|-------------------------------|--|------------------------|-----------------------|
| 13.1. | _____                         | _____  | _____                  | \$ _____              |
|       | <b>Address</b>                |  |                        |                       |
|       | Street _____                  |  |                        |                       |
|       | _____                         |  |                        |                       |
|       | City _____                    | State _____  | ZIP Code _____         |                       |
|       | <b>Relationship to debtor</b> |  |                        |                       |
|       | _____                         |  |                        |                       |
| 13.2. | _____                         | _____  | _____                  | \$ _____              |
|       | <b>Address</b>                |  |                        |                       |
|       | Street _____                  |  |                        |                       |
|       | _____                         |  |                        |                       |
|       | City _____                    | State _____  | ZIP Code _____         |                       |
|       | <b>Relationship to debtor</b> |  |                        |                       |
|       | _____                         |  |                        |                       |

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

|       | Address      | Dates of occupancy |                |
|-------|--------------|--------------------|----------------|
|       |              | From               | To             |
| 14.1. | Street _____ | _____              | _____          |
|       | _____        |                    |                |
|       | City _____   | State _____        | ZIP Code _____ |
| 14.2. | Street _____ | From _____         | To _____       |
|       | _____        |                    |                |
|       | City _____   | State _____        | ZIP Code _____ |



Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. address and telephone numbers

Does the debtor have a privacy policy about that information?

☒ No☐ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: \_\_\_\_\_

Has the plan been terminated?

☐ No☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

|       | Financial Institution name and address                              | Last 4 digits of account number | Type of account  | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|---|---------------------------------|--|--|---|
| 18.1. | Name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | XXXX-____-____-____             | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | _____  | \$ _____                                |
| 18.2. | Name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | XXXX-____-____-____             | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | _____  | \$ _____                                |

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address                             | Names of anyone with access to it        | Description of the contents | Does debtor still have it?                                  |
|---|--|-----------------------------|---|
| Name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | _____<br>_____<br>Address _____<br>_____ | _____<br>_____              | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address   | Names of anyone with access to it        | Description of the contents | Does debtor still have it?                                  |
|---|--|-----------------------------|---|
| Name _____<br>Street _____<br>City _____ State _____ ZIP Code _____ | _____<br>_____<br>Address _____<br>_____ | _____<br>_____              | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

| Owner's name and address | Location of the property | Description of the property | Value |
|--------------------------|--------------------------|-----------------------------|-------|
| Name                     |                          |                             | \$    |
| Street                   |                          |                             |       |
| City State ZIP Code      |                          |                             |       |

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**
☒ No

☐ Yes. Provide details below.

| Case title  | Court or agency name and address | Nature of the case | Status of case                     |
|-------------|----------------------------------|--------------------|------------------------------------|
| Case number | Name                             |                    | <input type="checkbox"/> Pending   |
|             | Street                           |                    | <input type="checkbox"/> On appeal |
|             | City State ZIP Code              |                    | <input type="checkbox"/> Concluded |

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**
☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name                  | Name                               |                             |                |
| Street                | Street                             |                             |                |
| City State ZIP Code   | City State ZIP Code                |                             |                |

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Name

Name

Street

Street

City

State

ZIP Code

City

State

ZIP Code

**Part 13:****Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

XX

☐ None

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

25.1.

Name

Street

City

State

ZIP Code

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

25.2.

Name

Street

City

State

ZIP Code

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

25.3.

Name

Street

City

State

ZIP Code

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address**

CPA

**Dates of service**

26a.1.

Jeff Welsch, Accountable Financial Service

From 2012 To 2017 present

Name

2025 Gateway Place #365

Street

San Jose, CA 95110

City

State

ZIP Code

**Name and address****Dates of service**

26a.2.

Paychex

From 2012 To present

Name

1111 Bayhill Drive Suite 350

Street

San Bruno, CA 94066

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None**Name and address****Dates of service**

26b.1.

Name

From \_\_\_\_\_ To \_\_\_\_\_

Street

City

State

ZIP Code

**Name and address****Dates of service**

26b.2.

Name

From \_\_\_\_\_ To \_\_\_\_\_

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address**

If any books of account and records are unavailable, explain why

26c.1.

Jocelyn Dinglasa

Name

505 W. Olive Ave. #420,

Street

Sunnyvale, CA 94086

City

State

ZIP Code

Debtor

ALL PHASE CARE, INC.  
Name

Case number (if known) \_\_\_\_\_

## Name and address

If any books of account and records are  
unavailable, explain why

26c.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

## Name and address

26d.1.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

## Name and address

26d.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.1.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

# ALL PHASE CARE, INC.

Debtor

Name

Case number (if known)

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Edith Calanno

871 Lakeheaven Dr.  
Sunnyvale, CA 94089

President

100

Patrick Quyo

871 Lakeheaven Dr.  
Sunnyvale, CA 94089

Secretary

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name

Address

Position and nature of any interest

Period during which position or interest was held

From To

From To

From To

From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1.

Edith Calanno

\$5000 monthly salary

salary

Name

871 Lakeheaven Dr.

Street

Sunnyvale, CA 94089

City

State

ZIP Code

Relationship to debtor

President

Debtor

ALL PHASE CARE, INC.

Name

Case number (if known)

## Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN:

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/21/2017  
MM / DD / YYYY

x Edith G. Calanno

Signature of individual signing on behalf of the debtor

Printed name Edith G. Calanno

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes



# United States Bankruptcy Court

NORTHERN District Of CALIFORNIA

In re

ALL PHASE CARE, INC.

Case No. \_\_\_\_\_

Debtor

Chapter 11

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 7,500.00  
Prior to the filing of this statement I have received ..... \$ 5,000.00  
Balance Due ..... \$ 2,500.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)**

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

6/21/17  
Date

Frank E. Mayo  
Signature of Attorney

LAW OFFICE OF FRANK E. MAYO

Name of law firm

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA**

In re:

Case No.:


ALL PHASE CARE, INC.

\_\_\_\_\_  
Debtor(s) \_\_\_\_\_/

**CREDITOR MATRIX COVER SHEET**

I declare that the attached Creditor Mailing Matrix, consisting of 1 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor=s filing and that this matrix conforms with the Clerk=s promulgated requirements.

DATED: June 21, 2017

  
\_\_\_\_\_  
Signature of Debtor=s Attorney or Pro Per Debtor

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